

440 - Conservation Programs Manual - EQIP
Exhibit 515.142

REPRODUCE LOCALLY. Include form number and date on all reproductions.

Form Approved - OMB No. 0560-0082

FSA-18 (07-01-97)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. COUNTY OFFICE ADDRESS AND TELEPHONE NO. (area code)	
APPLICANT'S AGREEMENT TO COMPLETE AN UNCOMPLETED PRACTICE					
2. APPLICANT'S NAME				3. PROGRAM	4. FARM NO.
5. STATE		6. COUNTY		7. CONTRACT NO.	8. CONTROL NO.
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information is 7 CFR Part 701.10, 16 USC 590 et seq., 1301 et seq., 2101 et seq.; Pub. L. 96-108 and 96-528, authorize collection of the following data. Furnishing the data is voluntary; however, no further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. This information will be used to determine eligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</p> <p>Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0082), Stop 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>					
PART A - PRACTICE APPROVED ON AD-245					
9. NO.	10. DESCRIPTION			11. APPROVED EXTENT	12. COST-SHARES APPROVED
PART B - COMPONENTS AS APPROVED ON AD-245					
13. CODE	14. DESCRIPTION			15. APPROVED EXTENT	16. RATE
					17. COST-SHARES APPROVED
PART C - COMPONENTS (Identify each separately)					
18. The following component codes have been completed in accordance with specifications:					
19. The following component codes have not been completed in accordance with specifications:					
PART D - APPLICANT'S CERTIFICATION					
I request cost-share assistance for the completed components shown in Part C, Item 18 above. I agree to complete the components shown in Part C, Item 19, within the time prescribed by the County FSA committee, regardless of whether or not cost-share assistance is approved. I agree to refund any cost-share assistance paid to me under this practice, if I fail to complete it.					
20. APPLICANT'S SIGNATURE				DATE	
21. APPROVED FOR COUNTY COMMITTEE BY				DATE	

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.